Testimony in Support of Raised Bill No. 957: "AN ACT CONCERNING THE OVERSIGHT OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS BY THE DEPARTMENT OF PUBLIC HEALTH"

Karina Hull, BA
Committee on Public Health
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Dear Senator Anwar, Representative McCarthy Vahey and distinguished members of the Public Health Committee, my name is Karina Hull and I am a second-year MPH candidate at the Yale School of Public Health. The views reflected in this testimony are my own. **I write in support of Raised Bill No. 957 and urge the Committee to pay special attention to the reproductive health needs of incarcerated women and female-identifying inmates. I also urge the Committee to encourage the Office of Oversight to develop an enforcement plan to ensure that care is actually provided to incarcerated individuals.**

Oversight at correctional facilities is a national issue– currently, there are no mandatory standards that dictate what healthcare services prisons and jails must provide, and no mandatory system of oversight or accountability.[1] The National Commission on Correctional Health Care (NCCHC) is the only national organization focused on correctional health care quality; however, NCCHC accreditation is completely voluntary. The number of women in prison across the country has tripled in the past 3 decades.[2] Additionally, incarcerated women and their children are **more likely to have significant physical and mental health needs than their non-incarcerated counterparts**,[3] indicating a need for special attention to be shown to this vulnerable population.

While the establishment of an Office of Oversight of Health Care in Correctional Institutions is a step in the right direction, the plan for the provision of health care services to inmates[4] developed pursuant to §18-81pp of the general statutes **lacks special attention to the following services**:

1. Postpartum Depression
2. Access and Availability of Contraception
3. Substance Use Disorder Treatment developed with the unique needs of female-identifying inmates in mind

Postpartum Depression

Depressive symptoms during pregnancy and the postpartum period are widespread throughout the general population, and have an estimated prevalence of 12-20%.[5] While depression in the general population is

[1] Sharfstein, J. (2022, September 21). Abortion Care for Incarcerated People After Dobbs | Johns Hopkins | Bloomberg School of Public Health. Johns Hopkins Bloomberg School of Public Health. Retrieved December 26, 2022, from https://publichealth.jhu.edu/2022/abortion-care-for-incarcerated-people-after-dobbs
[2] Howland, M.A., Kotlar, B., Davis, L. and Shlafer, R.J. (2021), Depressive Symptoms among Pregnant and Postpartum Women in Prison. Journal of Midwifery & Women's Health, 66: 494-502. https://doi-org.yale.idm.oclc.org/10.1111/jmwh.13239
[3] Gulaid, A., & McCoy, E. F. (2020, August). Reproductive Health Care in Carceral Facilities: Identifying What We Know and Opportunities for Further Research. The Urban Institute.
[4] I was unable to locate the plan, and am therefore basing my testimony on the requirements delineated in Conn. Gen. Stat. §18-81pp.
[5] Howland et al. (2021)

well documented, there is a dearth of research available on the rates of depression during pregnancy and postpartum in the incarcerated population. Some estimates show that as high as 80% of the incarcerated population experience depressive symptoms during pregnancy and the postpartum period.[6] A recent longitudinal study showed approximately twice the rates of depressive symptoms in incarcerated pregnant women when compared to their non-incarcerated counterparts, and that depressive symptoms worsened the longer women were separated from their children.[7] While there is still room for further research, the risk factors for postpartum depression (poverty, trauma, victimization, low social supports, previous mental health issues) are common in incarcerated women and are often factors that led to incarceration in the first place.[8] **The Office of Oversight needs to pay significant attention to how DOC is treating depressive symptoms in incarcerated women as part of its mental health plan.**

Development of Policies relating to Contraception Access

A 2019 survey of prisons showed that 80% of female inmates had reported being sexually active with a man in the 3 months prior to incarceration.[9] This, coupled with the 819[10] reports of sexual abuse or harassment in Connecticut prisons and state contracted justice programs from 2015 to 2020, indicates a clear need for access to temporary birth control methods and emergency contraception. Although reports have decreased over time, victims and advocates have described an atmosphere of acceptance for regular unwanted sexual encounters. **The Office of Oversight must assure that DOC develop policies regarding contraceptive access for incarcerated women, and develop a program to combat prevailing attitudes around sexual harassment in Connecticut correctional facilities.**

Substance Use Treatment

Incarcerated women have a history of using drugs more frequently, using harder drugs, and using drugs for different reasons than men.[11] Incarcerated women also face unique circumstances, like pregnancy and childbirth, that call for adapted substance use treatment programs. Nationally, most prison based substance use programs do not address the unique needs of incarcerated women.[12] When reviewing DOC's care plan, **the Office of Oversight should ensure that DOC has created a substance use treatment program that accounts for these unique experiences.**

Enforcement Mechanisms

I want to applaud the steps taken to improve healthcare delivery in Connecticut's carceral facilities. However, developing the plan is not enough. Enforcement mechanisms need to be strong to ensure that the care discussed in Conn. Gen. Stat. §18-81pp, and the subsequently developed plan, is accessible to all incarcerated individuals across the state. I would like to therefore suggest an amendment to Section 1(a)

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[6] Howland et al. (2021)
[7] Howland et al. (2021)
[8] Howland et al. (2021)
[9] Sufrin, C., Beal, L., Jones, R., & Mosher, W. D. (2019). Pregnancy Outcomes in US Prisons, 2016-2017. American Journal of Public Health, 109(5), 799-805.
[10] Bryant, W., Gil, J. (Oct 4, 2021). "Data show decrease in prison sex abuse reports, but survivors say fear and ambivalence persist." *CT Mirror.* Data show decrease in prison sex abuse reports, but survivors say fear and ambivalence persist
[11] Langan, N. P., & Pelissier, B. M. (2001). Gender Differences Among Prisoners in Drug Treatment [PDF]. Federal Bureau of Prisons.
https://www.bop.gov/resources/research_projects/published_reports/equity_diversity/oreprdap_gender.pdf
[12] Langan & Pelissier (2001)

of Raised Bill No. 957 to include "issuing notice to the joint standing committees of the General Assembly having cognizance of matters relating to public health and the judiciary regarding failures of correctional institutions identified in subdivision (5) of this subsection" as part of the responsibilities outlined in Section 1 Subsection (a).

The Inmate Medical Services Assessment prepared for the Connecticut Department of Corrections (CT DOC) by Health Management Associates (HMA) in 2021 indicates **serious failings in care delivery**. The assessment showed that CT DOC did not "conduct initial health assessments within two weeks of incarceration by policy or practice" (pg 6). Intake screenings and assessments were not being conducted following transfers across facilities regardless of the amount of time passed, and prevention/wellness visits were not being routinely conducted. HMA recommended that CT DOC should focus on ensuring that the delivery of adequate medical care actually occurs, and **I urge the Committee to strengthen the enforcement mechanisms of the Office of Oversight.**

According to DOC's own testimony on SB 448 (2022) "An Act Concerning the Delivery of Health Care and Mental Health Services to Inmates of Correctional Institutions," DOC would need to "double its mental health staff in each jail at Hartford Correctional Center, Bridgeport Correctional Center, and New Haven Correctional Center, and likely need to increase second shift staffing at York Correctional Institution and Corrigan Correctional Institution" (pg 1). The HMA report also indicated serious staffing shortages that may prevent DOC from implementing the care required by policy. **The Office of Oversight must also ensure that DOC has created a plan to attract high quality talent to the state's carceral facilities in order to provide appropriate care to incarcerated people.**

Thank you for your work addressing this issue. I support the passage of this bill and ask the Committee and the new Office of Oversight to continue to support vulnerable members of the incarcerated population of Connecticut by attending to the areas addressed in this testimony. If you have any questions or would like to discuss this issue further, please contact me at karina.hull@yale.edu.

Thank you,
Karina Hull, BA